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Susan Bartholomew	(Depositor's name)
Susan Baroholomer	(Signature)
March 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/692.811	10/20/2000	Stephen Dopovan	17324	\$867

TITLE OF INVENTION: METHOD FOR TREATING ENDOCRINE DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$0	\$1330	06/09/2004
EXAM	MINER	ART UNI	τ	CLASS-SUBCLASS		
BUGAISKY,	GABRIELE E	1653		424-094630		••
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents Ol firm (hav agent) an	nting on the patent front page, up to 3 registered patent a 3, alternatively, (2) the name ing as a member a registered d the names of up to 2 regist or agents. If no name is liste inted.	of a single attorney or tered patent	A. Voet J. Baran A. Fisher

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Allergan, Inc.

Irvine, California USA

Please check the appropriate assignee category or categories (wi 4a. The following fee(s) are enclosed:	Ill not be printed on the patent);				
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0885 (enclose an extra copy of this form).				
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